8655945739

HEALTH CARE FACILITY

PAGE 94/13 11 ED 91

さいかい 自然を置い	V. CIE DEEL CEAL-tern	RE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	[V27.10	de l	TICLE CONCEDITOR	MB NO	0.0938-0
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	-	445222	B. WIN	13.	A CAMPAGE AND A		C
NAME OF	PROVIDER OR SUPPLIER	Control of the Contro	T	27	PROBLEM ADDRESS AND ADDRESS AN	10/	04/2011
NAME OF TAXABLE PARTY.	ERN TENN MEDICAL	delica in transport delica del constitución de la c			REET ADDRESS, CITY, STATE, ZIP CODE 629 HOSPITAL ROAD WINCHESTER, TN 37398		
(XA) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	10		PROVIDER'S PLAN OF CORRECTION		-
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED OFFICIENCY)	-	CGMPLE DATE
F 246 SS=D	483.15(e)(1) REAS OF NEEDS/PREF	SONABLE ACCOMMODATION ERENCES	F 2	46	acting to administer medicat	essee tions	9/24/1
	COLUMN TO BE THE TREE	right to reside and receive			as prescribed by the physician. 1b) It is the policy of Southern Tenne Skilled Facility to provide a balanced,	essee	per ;
	preferences, excer	of individual needs and			nutritious meal as ordered by the phys based on the resident's dietary needs.	oinia-	carol 10/2
	endangered.	ner residents would be			1. Corrective actions arcomplished	Co.	4
	This DECLUSION				the resident found to have been affer by the deficient practice: Resident v discharged on 7/23/11.	ected was	
		NT is not met as evidenced			2. Identification of other residents		
	by failing to adminie	record review and interview, meet the needs of residents ter medications appropriately			having the potential to be affected by same deficient practice:		
	and failing to provide (#5) of seven reside				1a: By 9/05/11, the Director of Pharms reviewed the medical records of all others.	acy	
1	The findings include			-	residents in the facility to ensure medications were available as ordered. 1b: No other in-house residents were		
1	nsertion, Diabetes M	nitted to the facility on July oses including Stent fellitus, Osteoarthritis,	*	-	identified as not having their dietary ne- met.	eds	
11	typothyroidism Peri	ovascular Disease.			3. Systemic and Process Changes Implemented to Prevent Recurrence:	i	
		prieral Vascular Disease, sis, and Cerebrovascular			8/29/11, CNO/DON re-educated Skilled		
		of physician's orders dated and the resident was ordered		1	on Medication Administration Policy I		
	- renotting.			1	procedures for initiating medication and		
	vice daily spirin 81 mg daily	ensive) 10 mg (milligrams)		,	what to do/document if medication is	as	
-Z	oloft (antidepressan	t) 150 mg daily		r	administered late; Chain of Command	1	
1-0	alcium Carbonate 5	00 mg twice daily		0	policy 2-911-3.02 in regard to notification of DON, House Supervisor or Administration for assistance if nurse is	n	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossable 90 days days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

(X8) Dr. 1

HEALTH CARE FACILITY

PAGE 05/13 PRINTED: 10/14/2011

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES	116	ALTH CARE FACILITY	PRINTE	0: 10/14/20
	IT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		FORM APPROV OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
	-	445222				
	PROVIDER OR SUPPLIER	A STATE OF THE STA			10/4	04/2011
SOUTH	ERN TENN MEDICAL (CENTER SNF	1	TREET ADDRESS, CITY, STATE, ZIP CODE 829 HOSPITAL ROAD		4
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		WINCHESTER, TN 37398		
TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	CHURRE	COMPLETION DATE
MAACO	-Neurontin (anticonviNeurontin (anticonviVitamin D 800 InterriKeflex (antibiotics) 5 -Pepcid (anti-reflux) 2 -Metoprolof (anti-reflux) 3 -Metoprolof (anti-reflux) 3 -Metoprolof (anti-reflux) 4 -Metoprolof (anti-reflux) 4 -Metoprolof (anti-reflux) 4 -Calmoseptine ointment 5 -Calmoseptine ointment 6 -Calmoseptine ointment 7 -Calmoseptine ointment 7 -Calmoseptine ointment 8 -Calmoseptine ointment 8 -Calmoseptine ointment 9 -Calmoseptine	cord review of physician's ealed the resident was ansulin: blood sugar 171 - 29 4 units; 230 - 259 6 its; 290 - 319 10 units; 200 - 379 14 units; 380 - >410 18 units and of Medication of the MAR revealed no ther medications being , 2011. Further medical R dated July 22, 2011, of Keflex 500 mg three		unable to obtain 1	process and DON to ese e CNO on Program ducated arge gh snacks real, etc. on the d items al trays hervisor. asible for mission y y to the e er and y 24 dits for ractices and ill also	

HEALTH CARE FACILITY

PAGE 06/13 PRINTED: 10/14/2011

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CONSTRUCTION	OMB NO	OMB NO. 0938-0391		
		IDENTIFICATION NUMBER:	1	LDING	(X3) DATE :	SURVEY LETED		
		445222	B. WIN	iG	1	0		
IAME OF PROVIDER OR SUPPLIER		The state of the s		CIDERT ADDRESS	10/	04/2011		
	HERN TENN MEDICAL	104 1 MONTH AND		STREET ADDRESS, CITY, STATE, ZIP COI 629 HOSPITAL ROAD WINCHESTER, TN 37398	DE			
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFI	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETION DATE		
F 24	6 Continued From pa	ge 2	F.0	10				
	documentation at 5	AR non mid	F 2	46				
	record review of phy	reician's orders Medical						
						1		
		medical record review of the MAR revealed there was no entry for Coumadin 5 mg even				1		
	for July 21, 22, or 23	, 2011.						
	Medical record review	w revealed the resident						
	The state of the s	and for the resident.						
	Interview with the Ch	ief Nursing Officer on			į			
	October 4, 2011, at 1	0:30 a.m., in the MDS office,			i	and the same of th		
	needed to do was cal	the nurse			1			
	would have been broad	ught to the resident "			1			
	Interview with the Chi							
						}		
	room, confirmed the p	patient's medications were						
1	the facility and the	ne evening of admission to				1		
1	facility protogol to note	se failed to follow the by pharmacy to obtain the			į			
ĺ	needed medications.	y and optain the						
	C/O #28682				1			
281	483.20(k)(3)(i) SERVA	CES PROVIDED MEET			-	1		
=D I	PROFESSIONAL STA	NDARDS	F 281		Í			
1	The services provided	or arranged by the facility	ĺ					
r	nust meet professiona	I standards of quality		1. Corrective actions accomp	lished for 19	(247 1).		
1	W (25,000,000,000,000,000,000,000,000,000,0	and an quality,		the resident found to have he		0/5/11		
17	his REQUIREMENT	s not met as evidenced		affected by the deficient prac Resident was discharged on 7/2	tice:	0/5/11 of willown		
1 .	y:	a HUL III AS Avidanced	11	was discharged on //	23/11 000	1,7.X WOO.		

HEALTH CARE FACILITY

PAGE 07/13 PRINTED: 10/14/2011

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES		4 12 LHOTCITY	PRINTED	E 07/13 : 10/14/20
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORM	APPROVE . 0938-039
IND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER				10/0	4/2011
SOUTH	ERN TENN MEDICAL C	CENTER SNF	5	TREET ADDRESS, CITY, STATE, ZIP CODE 829 HOSPITAL ROAD		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	1 10	WINCHESTER, TN 37398	-	
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F 281	I was i form being	ge 3	F 28	4		
	professional standar medications correcti nourishment for one reviewed. The findings included Medical record reviewed. The findings included Medical record reviewed admitted to the facilities Medical record review admitted to the facilities Medical Peripheral Vascular Disease Peripheral Vascular Disease Peripheral Vascular I Thrombosis, and Cerrombosis, and Cerrombosis of the resident Certombosis of the resident Certomb	ds by failing to administer y and failing to provide (#5) of seven residents d: W revealed resident #5 was y on July 21, 2011, with Stent Insertion, Diabetes is, Atherosclerotic ise, Hypothyroidism, Disease, Deep Vein ebrovascular Accident. orders dated July 21, 2011, was ordered: ensive) 10 mg (milligrams) t) 150 mg daily 00 mg twice daily 100 mg twice daily 100 mg twice daily 100 mg three times daily 100 mg three times daily 100 mg three times daily 100 mg daily 100 mg three times daily 100 mg three times daily 100 mg daily 100 mg three times daily 100 mg three times daily 100 mg daily 100 mg three times daily 110 mg daily 110 mg three times daily 110 mg three times daily 110 mg three times daily		2. Identification of other resistaving the potential to be affithe same deficient practice: 1a: By 9/05/11, the Director of Pharmacy reviewed the medication of all other residents in the fact ensure medications were available ordered. 1b: No other in-house resident identified as not having their dimeds met. 3. Systemic and Process Chan Implemented to Prevent Recular: During inservices completes 8/29/11, CNO/DON re-educated Facility RN's, LPN's and Chargon Medication Administration F600-3.39 which includes step-by procedures for initiating medicators, medication administration as well as what to do/document medication is administered late; Command policy 2-911-3.02 in notification of DON, House Supor Administration for assistance is unable to obtain medications if the Twenty-four Hour Chart Che process was also reviewed. RN's and DON satisfactorily complete exam to demonstrate understandithese policies. All Remote Order Pharmacists were educated by the on the Anticoagulant Management.	ges swere etary ges rrence: d by d Skilled te Nurses colicy 1step tion n times if Chain of regard to ervisor if nurse imely; ck t, LPN's d an ng of Entry	

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HEALTH CARE FACILITY

PAGE 08/13 11 ED

DEPAR	THENT OF HEALT	H AND HUMAN SERVICES			PAG	
CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			PRINTEL	10/14/20 APPROVE
		L & WIEDICAID SERVICES			OMB NO	. 0938-039
IND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
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VAME OF	PROVIDER OR SUPPLIER	443222	S. VING	The state of the s	100	04/2011
			37	REET ADDRESS, CITY, STATE, ZIP CODE	10/	1444011
300182	RN TENN MEDICAL	CENTER SNF	6	129 HOSPITAL ROAD		
(X4) ID	SUMMARY ST	A 100 C	١ ٧	NINCHESTER, TN 37398		
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F 281	0			The same of the sa		
· AQI	Continued From pa	ige 4	F 281	1b: By 8/29/11, CNO/DON re-	ducated	
	-Check INR every 48 hours until stable.		1 201	okined racility RN's I pN's Ci	Serve	
ì		1		Nurses and CNAs that even thou	oh	
9	Continued review of physician's admission orders revealed the resident was ordered sliding scale insulin:			cereal, etc. are always available for		į
						! !
f q				residents on the unit, if residents	remiert	
	blood sugar 171 - 1	99 2 units		other food items staff may obtain	"after	
:	230 -	229 4 units 259 6 units	į	nours meal trays through contac	ting the	
	260 -	289 8 units	į	House Supervisor.		
i	290 -	319 10 units	1			
i	320 -	349 12 units	j	4. Ongoing Monitoring		
	350 -	379 14 units	į	Charge nurse or designee is respondent	nsible	
- [380 -	409 16 units	į	for checking resident records after		
i.	>410	18 units and call		admission to reconcile MARe and	0 1	
	physician	Sing Gan	1	orders. Any discrepancies will be		
	Savious erat. II			reported daily to the DON Qualit	o 1	
7	MARY details	Administration Records		Assurance committee (Medical D	rector	
				Nursing Home Administrator DO	N,	
				Social Worker and Charge		
r	evealed no documer	led review of the MAR		Nurse/designee) will review 24 ho	ur	
				chart audits and admission audits t	or any	
				patterns or trends of deficient proc	icac	
				on a monthly basis for three month	s and	
				for three quarters. QA committee v	vill	
				also review all resident concerns for	or [
				three months to ensure no failure to) [
				provide for resident dietary needs of	ccurs.	
			1		1	
			į			
			ĺ		Ì	i
					1	
1	LINE OF THE VIEW OF IL	O MIGH EDUANIAN AL-			1	
2000	ly 21, 22, or 23, 201	O TOO BUODI GIVENING				
Re	view of the facility po	olicy entitled "Medication				

HEALTH CARE FACILITY

PAGE 89/13 PRINTED: 10/14/2011

I MI LIN	MENT OF DEFICIENCIES AN OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	TIPLE CONSTRUCTION	OMB NO	APPROVED 0. 0938-0391
	Control of the state of the sta	CONTROL NOMBER;	A. BUILD		COMPL	ETED
AAP (445222	B. WING		1	C
	OF PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	10/0	04/2011
	HERN TENN MEDICAL C			629 HOSPITAL ROAD WINCHESTER, TN 37398	•	
(X4) I PREF TAG	IX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	JAN IN TO THE	(XC) COMPLETION DATE
F 28	Administration" reversifier the close of phick (ROE) by pharmacy to 11:30 p.m. The Remedication orders in until 6:00 a.m., a Hot appropriate training with MAR". Medical record review arrived at the facility documentation of interview with the Chick Cotober 4, 2011, at 1 revealed "There was needed to do was called."	aled "For patients admitted armacy, remote order entry is available from 6:00 p.m. OE pharmacist will enter the to the MAR. From 11:30 p.m. use Supervisor/designee with will enter medications into the w revealed the resident at 6:00 p.m. but there is no ake for the resident. The Nursing Officer on 0:30 a.m., in the MDS office, food available. All the nurse	F 28			
	Interview with the Chic October 4, 2011, at 2: room, confirmed the p not administered on the the facility and the num facility protocol to notif needed medications.	ef Nursing Officer on 30 p.m., in the conference atient's medications were				
333 6=D	C/O #28682 483.25(m)(2) RESIDER SIGNIFICANT MED ER	NTS FREE OF RRORS	F 333			
	The facility must ensure any significant medication	e that residents are free of on errors.		1. Corrective actions accomplied the resident found to have bee		124711
	This REQUIREMENT i by: Based on medical reco			affected by the deficient practi Resident was discharged on 7 23	ce:	0/5/11 wellow 10/21/11-

HEALTH CARE FACILITY

PAGE 18/13

RINTED: 10/14/2017	
FORM APPROVED	
MB NO. 0938-0391	

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES		THOILE I HOLLIY	PRINTED	10/13/20 APPROV
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILDI	TIPLE CONSTRUCTION	OMB NO	. 0938-03
		445222	B. WING		C	
NAME OF	PROVIDER OR SUPPLIER				10/0	4/2011
SOUTH	ERN TENN MEDICAL (ENTER SNF	1	REET ADDRESS, CITY, STATE, ZIP CODE 629 HOSPITAL ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	The second second	WINCHESTER, TN 37398		
PREFIX TAG		MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	IL CO OF	COMPLETE DATE
	Tollow the policy for a (#5) of seven resident (#5) of seven resident (#5) of seven resident The findings included Resident #5 was adr 21, 2011, with diagnoral Insertion, Diabetes Matherosclerotic Cardid Hypothyroidism, Peripoethyroidism, Pe	w, the facility failed to ad a appropriately and failed to ordering medications for one ints reviewed. d: mitted to the facility on July poses to include Stent fellitus, Osteoarthritis, iovascular Disease, pherai Vascular Disease, sis, and Gerebrovascular orders dated July 21, 2011, was ordered: ensive) 10 mg (milligrams) t) 150 mg daily 00 mg twice daily 100 mg daily 8 hours its twice daily ulin 1 unit per 3 grams ree times daily iant) 200 mg every evening tional units twice daily omg three times daily mg daily mg daily omg three times daily mg daily consive) 25 mg twice daily	F 333	2. Identification of other resides having the potential to be affer the same deficient practice: 1a: By 9/05/11, the Director of Pharmacy reviewed the medical of all other residents in the facility ensure medications were available ordered. 3. Systemic and Process Changlinglemented to Prevent Recurbary In Proceedings inservices completed 8/29/11, CNO/DON re-educated Facility RN's, LPN's and Charge on Medication Administration Potential Procedures for initiating medication as well as what to do/document if medication is administered late; Command policy 2-911-3.02 in renotification of DON, House Superor Administration for assistance if is unable to obtain medications tin the Twenty-four Hour Chart Checiprocess was also reviewed. RN's, and DON satisfactorily completed exam to demonstrate understanding these policies. All Remote Order Fig.	records ity to ole as ges ges ges ges ges ges ges ges ges ge	
-0 -0 -0	ilvadene ointment 1 :	ensive) 25 mg twice daily application twice daily t 1 application every 8		Chain to demonstrate understanding	g of Entry CNO	

HEALTH CARE FACILITY

PAGE 11/13 PRINTED: 10/14/2011

CENTE	KS FUR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES			FOR	D: 10/14/201
OWNER	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		O. 0938-039 SURVEY LETED
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NAME OF	PROVIDER OR SUPPLIER				10/	04/2011
	ERN TENN MEDICAL	CENTER SNF	1	REET ADDRESS, CITY, STATE, ZIP CODE 829 HOSPITAL ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	INI II O COL	COMPLETION OATE
t t t t t t t t t t t t t t t t t t t	ordered sliding sca 199 2 units; 200- units; 260 - 289 5 320 - 349 12 units; 409 16 units; 409 16 units; physician. Medical record review Administration Record 2011, revealed an electrical record review documentation of an administered on July record review of the revealed documentation 1:21 a.m., 9:00 a.m. when the order was innes daily. Continue the MAR dated July; locumentation at 5:4 furnalog/Novalog In: pper arm for a blood ecord review of physical process of physical p	record review of physician's evealed the resident was ele insulin: blood sugar 171 - 229 4 units; 230 - 259 6 3 units; 290 - 319 10 units; 350 - 379 14 units; 380 - 2410 18 units and call ew of Medication ords (MAR) dated July 21, entry at 8:48 p.m., of Levernir ed in the left thigh. Continued ew of the MAR revealed no my other medications being y 21, 2011. Further medical MAR dated July 22, 2011, alion of Keflex administered at 12:59 p.m., and 10:09 p.m., for Keflex 500 mg three ed medical record review of 22, 2011, revealed 46 a.m., of 4 units of sulin administered in the left digluose of 159. Medical sicilan's orders revealed the exceive sliding scale insulin lose was 171. Continued of the MAR revealed there madin 5 mg every evening 2011. Ey, Medication ed "For patients admitted macy, remote order entry is evallable from 6:00 p.m. of the MAR. From 11:30 p.m.	F 333	for checking resident records a admission to reconcile MARs orders. Any discrepancies will reported daily to the DON. Qu. Assurance committee (Medica Nursing Home Administrator, Social Worker and Charge Nurse/designee) will review 24 chart audits and admission audipatterns or trends of deficient p on a monthly basis for three motor three quarters. This Plan of Correction (POC) constitutes my written allegation compliance for the deficiencies of However, submission of this PO an admission that a deficiency exthat one was cited correctly. This submitted to meet requirements established by state and federal lateral submitted to meet requirements established by state and federal lateral submitted to meet requirements.	and be ality Director, DON, hour sits for any ractices on this and of cited. C is not cists or s POC is	

09:58:49 a.m. 10-21-2011

11 /11_

10/14/2011 14:28 8655945739 HEALTH CARE FACILITY DEPARTMENT OF HEALTH AND HUMAN SERVICES .. PAGE 12/13 PRINTED: 10/14/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 445222 8 WING C NAME OF PROVIDER OR SUPPLIER 10/04/2011 STREET ADDRESS, CITY, STATE, ZIP CODE SOUTHERN TENN MEDICAL CENTER SNF 629 HOSPITAL ROAD SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION) WINCHESTER, TN 37398 (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID TAG PREFIX (XE) COMPLETION DATE TAG DEFICIENCY F 333 | Continued From page 8 until 6:00 a.m., a House Supervisor/designee with F 333 appropriate training will enter medications into the Interview with the Chief Nursing Officer on October 4, 2011, at 2:30 p.m., in the conference room, confirmed the patient's medications were not administered on the evening of admission to the facility and the nurse falled to follow the facility protocol to notify pharmacy to obtain the needed medications. C/O #28682

FORM CMS-2567(02-88) Provious Versions Obsolete

Event ID: C53T11

Facility (D: TN2801

If continuation sheet Page 9 of 9